



General Assembly

January Session, 2019

Amendment

LCO No. 10705



Offered by:

REP. SCANLON, 98th Dist.

SEN. LESSER, 9th Dist.

To: Subst. Senate Bill No. 838

File No. 449

Cal. No. 686

***"AN ACT CONCERNING REQUIRED HEALTH INSURANCE
COVERAGE AND COST-SHARING FOR MAMMOGRAMS AND
BREAST ULTRASOUNDS."***

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-472h of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective January 1, 2020*):

5 (a) No insurer, health care center, fraternal benefit society, hospital
6 service corporation, medical service corporation or other entity
7 delivering, issuing for delivery, renewing, amending or continuing:

8 (1) An individual or a group dental plan in this state shall include in
9 any contract with a dentist licensed pursuant to chapter 379 that is
10 entered into, renewed or amended on or after January 1, 2012, any
11 provision that requires such dentist to accept as payment an amount
12 set by such insurer, center, society, corporation or entity for services or

13 procedures provided to an insured or enrollee that are not covered
14 benefits under such insured's or enrollee's plan; or

15 (2) An individual or a group vision plan in this state shall include in
16 any contract with an optometrist licensed pursuant to chapter 380 or
17 an ophthalmologist licensed pursuant to chapter 370 that is entered
18 into, renewed or amended on or after January 1, [2016] 2020, any
19 provision that requires such optometrist or ophthalmologist to accept
20 as payment an amount set by such insurer, center, society, corporation
21 or entity for services, [or] procedures or products provided to an
22 insured or enrollee that are not covered benefits under such insured's
23 or enrollee's plan.

24 (b) No dentist [or optometrist] shall charge more for services or
25 procedures that are not covered benefits than such dentist's [or
26 optometrist's] usual and customary rate for such services or
27 procedures, and no optometrist or ophthalmologist shall charge more
28 for services, procedures or products that are not covered benefits than
29 such optometrist's or ophthalmologist's usual and customary rate for
30 such services, procedures or products.

31 (c) (1) Each evidence of coverage for an individual or a group dental
32 plan shall include the following statement:

33 "IMPORTANT: If you opt to receive dental services or procedures
34 that are not covered benefits under this plan, a participating dental
35 provider may charge you his or her usual and customary rate for such
36 services or procedures. Prior to providing you with dental services or
37 procedures that are not covered benefits, the dental provider should
38 provide you with a treatment plan that includes each anticipated
39 service or procedure to be provided and the estimated cost of each
40 such service or procedure. To fully understand your coverage, you
41 may wish to review your evidence of coverage document."

42 (2) Each evidence of coverage for an individual or a group vision
43 plan shall include the following statement:

44 "IMPORTANT: If you opt to receive optometric or ophthalmologic
45 services, [or] procedures or products that are not covered benefits
46 under this plan, a participating optometrist or ophthalmologist may
47 charge you his or her usual and customary rate for such services, [or]
48 procedures or products. Prior to providing you with optometric or
49 ophthalmologic services, [or] procedures or products that are not
50 covered benefits, the optometrist or ophthalmologist should provide
51 you with a treatment plan that includes each anticipated service, [or]
52 procedure or product to be provided and the estimated cost of each
53 such service, [or] procedure or product. To fully understand your
54 coverage, you may wish to review your evidence of coverage
55 document."

56 (d) Each dentist, [and] optometrist and ophthalmologist shall post,
57 in a conspicuous place, a notice stating that services, [or] procedures or
58 products, as applicable, that are not covered benefits under an
59 insurance policy or plan might not be offered at a discounted rate.

60 (e) The provisions of this section shall not apply to:

61 (1) [a] A self-insured plan that covers (A) dental services or
62 procedures, or (B) optometric or ophthalmologic services, procedures
63 or products; [or]

64 (2) [a] A contract that is incorporated in or derived from a collective
65 bargaining agreement or in which some or all of the material terms are
66 subject to a collective bargaining process; [.]

67 (3) A contract that is derived from a multiemployer plan, as defined
68 in Section 3 of the Employee Retirement Income Security Act of 1974,
69 as amended from time to time; or

70 (4) A network of ophthalmologists or optometrists, or both, when
71 servicing a plan or contract described in subdivision (1), (2) or (3) of
72 this subsection."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2020</i>	38a-472h